## UTILITY PATENT APPLICATION TRANSMITTAL

A-2810-AL Attorney Docket No. Vandenbroek First Inventor Convertible Surgical Clip Applier System Title

(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No.	EV 207796669 US			
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO:	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450			
1.	Statement (IDS 13. V Preliminary Am 14. V Return Receipt (Should be specification (b)(2)(B)(i). Apporture (if applicable, all nece a. Computer F  b. Specification i. CD-F  ii. Pape  c. Statement:  ACCOMPANY  9. Assignment Pa 37 CFR 3.73(b (when there is English Translate) (statement (IDS 13. V Preliminary Am 14. V Return Receipt (Should be specified Copy (if foreign prion Nonpublication (b)(2)(B)(i). Apportise (b) (2)(B)(i). Apportise (b) (2) (b) (i) (ii) (b) (ii) (b) (ii) (b) (c) (b) (iii) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ino Acid Sequence Submission (SSAY) Readable Form (CRF) on Sequence Listing on: OM or CD-R (2 copies); or  ING APPLICATION PARTS  pers (cover sheet & document(s)) Statement Power of Attorney stion Document (if applicable) closure Copies of IDS (SIPTO-1449 Citations endment Postcard (MPEP 503) cifically itemized) of Priority Document(s) ty is claimed) Request under 35 U.S.C. 122 colicant must attach form PTO/SB/35 t.			
specification following the title, or in an Application Data Sheet under 37		r application No.:			
Prior application information:  Examiner  For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
19. CORRESPONDENCE ADDRESS					
Customer Number: 21378	OR L	☐ Correspondence address below			
Name					
Address					
City	State	Zip Code			
Country	elephone	Fax			
Name (Print/Type)   Richard L. Myers	/Agent) 26,490				
Signature // ///////		Date   March 22-2004			
464 460 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	hands had be made and the file found has the			

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE	TR	AN	SMI	T	TAL
	for	FY	200	4	

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** 

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(\$)	452.	.UU

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Complete if Known			
Application Number	To be Assigned		
Filing Date	Herewith		
First Named Inventor	Vandenbroek		
Examiner Name			
Art Unit			
Attornov Dookst No	A 2810 AL		

METHOD OF PAYMENT (check all that apply)  FEE CALCULATION (continued)						
Check Credit card Money Other None				_		
Order U			Small			
Deposit Account:	Fee	Fee		Fee	Fee Description	
Deposit Account 01-2215	Code 1051	(\$) 130	Code 2051			Fee Paid
Number Deposit A 1: 1 A 2 1: 1 B	1051	50	2052		Surcharge - late filing fee or oath  Surcharge - late provisional filing fee or	
Account Name Applied Medical Resources	1032	30	2052	23	cover sheet	
The Director is authorized to: (check all that apply)	1053	130	1053		Non-English specification	$\vdash$
Charge fee(s) indicated below Credit any overpayments		2,520	ı	•	For filing a request for ex parte reexamination	
Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the filing fee	1805	1,840*	1805	1,840*	Requesting publication of SIR after	
to the above-identified deposit account.					Examiner action	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month	
Large Entity Small Entity  Fee Fee Fee Fee <u>Fee Description</u> Fee Paid	1253	950	2253		Extension for reply within third month	
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)		1,480	2254	740	Extension for reply within fourth month	
1001 770 2001 385 Utility filing fee 385		2,010	2255	1,005	Extension for reply within fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401		Notice of Appeal	
1003 530 2003 265 Plant filing fee	1402	330	2402		Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	-	Request for oral hearing	
1005 160 2005 80 Provisional filing fee		1,510	1451	•	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 385	1452	110	2452	55	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,330	2453		Petition to revive - unintentional	
Fee from		1,330	2501		Utility issue fee (or reissue)	
Extra Claims below Fee Paid  Total Claims 23 -20** = 3 X 9 = 27	1502	480 640	2502 2503		Design issue fee Plant issue fee	
Independent 3 2** 0 V 0 = 0	1503 1460	130	1460		Petitions to the Commissioner	
Claims S S S S S S S S S S S S S S S S S S S	1807	50	1807		Processing fee under 37 CFR 1.17(q)	
Large Entity   Small Entity					Submission of Information Disclosure Stmt	
Fee Fee Fee Fee Description	1806	180	1806		Recording each patent assignment per	40
Code (\$)   Code (\$)   1202 18   2202 9 Claims in excess of 20	8021	40	802	1 40	property (times number of properties)	40
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be	
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	examined (37 CFR 1.129(b))  Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802		1802		Request for expedited examination of a design application	
SUBTOTAL (2) (\$) 27.00	Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00				0		

SUBMITTED BY	70		(Complete (i	if applicable))
Name (Print/Type)	Richard L Myers	Registration No. 26,490	Telephone	949-713-8000
Signature	1 SIVIIV		Date	March 22 2004

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re applic	cation: VANDENBROEK, et al.	) Customer No. 21378
Serial No.:	To be Assigned	) ) Docket No.: A-2810-AL
Filed:	Herewith	) )
	NVERTIBLE SURGICAL CLIP PLIER SYSTEM	) ) )

EXPRESS MAIL MAILING LABEL NO. EV 207796669 US

Date of Deposit: March 30, 2004

I hereby certify that the following documents, as identified below, are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and are addressed to Mail Stop Patent Application, Commissioner for Patents, Post Office Box 1450, Alexandria, VA 22313-1450.

- 1. Utility Patent Application;
- 2. Fee Transmittal;
- 3. Specification/Claims/Abstract (16 pages, 23 claims);
- 4. Formal drawings (7 sheets, Figures 1-7)
- 5. Declaration and Power of Attorney;
- 6. Assignment Recordation Cover Sheet;
- 7. Executed Assignment;
- 8. Information Disclosure Statement
- 9. Information Disclosure Citation Form PTO/SB8a; and
- 10. Return-receipt postcard.

Each of the above-identified documents is enclosed herewith.

Respectfully submitted,

Recliación phisson

Barbara Johnson

**Applied Medical Resources Corporation** 

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